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THE ANTISEPTIC METHOD.[1]

BY STEPHEN SMITH, M. D.

THE antiseptic method is designed to protect the wound from the action of septic ferments. The antiseptic agent preferred is carbolic acid properly diluted with water. Provide as follows: (1.) A vessel containing carbolic acid dissolved in water (1 to 40) for the immersion of the hands of the operator, the sponges and instruments used in the wound. (2.) A steam spray apparatus,[2] capable of giving a cloud of vapor; make the solution of carbolic acid to be atomized 1 to 30, which diluted by the steam will give a 1 to 40 spray. (3.) Antiseptic gauze, open cotton cloth impregnated with carbolic acid 1 part, common resin 5 parts, and paraffine 7 parts.[3] (4.) Mackintosh (fine cotton cloth with a thin layer of caoutchouc on one side, known in the shops as hat-lining); gutta-percha tissue of good quality will also answer, but is liable to wear into holes. (5.) Drainage tubes (India-rubber, with a silk ligature attached.) (6.) Oiled-silk protective (oiled silk coated on both sides with copal varnish, and afterwards brushed over with dextrine); when the copal varnish has dried, a mixture of one part of dextrine, two parts of starch, and sixteen parts of carbolic acid is brushed over; the acid soon evaporates. Common oiled silk smeared with the oily solution will answer the purpose pretty well, especially if used in two layers. (7.) Carbolized cat-gut ligatures.

Proceed as follows: If the wound is accidental, first wash the cut surface thoroughly with a saturated watery solution (1 to 20);[1] if the wound is made by the surgeon, (1) shave the part, if there is much hair, in order that the antiseptic may not be prevented from acting upon the skin; (2) wash the part with a watery solution (1 to 20) to purify the skin; (3) direct the spray upon the part and maintain its action and position during the entire operation and dressing without a moment's interval; (4) immerse the hands,[2] instruments,[3] and sponges[4] in the 1 to 40 solution before operating, and at every interval of the operation when they are not enveloped by the spray; (5) tie all vessels with antiseptic cat-gut and cut the ligatures at the knot; (6) place the drainage tube or tubes so deeply in the wounds as to drain all accumulating fluids;[5] if the tube enters obliquely cut the outer extremity obliquely; lay the retaining threads on the surface; (7) if the wound is to be closed, as after amputation, use carbolized silk for sutures,[6] as it is very superior to wire, not only on account of its perfect suppleness, but because its actively antiseptic character insures absence of putrefaction in the track of the wound;[7] (8) if strapping is required, common adhesive plaster may be rendered antiseptic by dipping it for a second or two in a watery solution of the acid, and it is most convenient to have the lotion hot; the ends should be overlapped by the gauze; (9) apply to the cicatrizing part a layer of the oiled silk protective,[8] dipped in the watery solution, and having a hole for the drainage-tube; (10) apply eight[1] layers of the gauze, of such size as to cover all the wound and the adjacent parts; dip the first layer in the solution;[2] between the last two layers place a piece of mackintosh of smaller size than the layers of gauze; apply the last layer so as to cover in completely the mackintosh;[3] (11) retain the dressings by bandages of the antiseptic gauze, over which elastic webbing may be applied when the bandage is not sufficient, as in wounds or abscesses in the groin. Inspect the wound on the day after its infliction, whether it be accidental or the result of operation, and change the dressing only in case the discharge is liable to extend beyond the edge of the folded gauze; during the subsequent progress of the case leave the gauze undisturbed for periods varying from two days to a week, according to the diminution of the effusion. In re-dressing continue the spray uninterruptedly on the part; while the bandage is being cut or removed, the patient, or an assistant, keeps his hand over the site of the wound, to prevent the dressing from rising *en masse*, and pumping in septic air; in raising the folded gauze take care that the spray passes into the angle between it and the skin; remove the drainage-tubes, cleanse them in the carbolic-acid solution, and before re-introducing them cut off such portions as the granulations in the wound render necessary to bring the external extremity flush with the surface of the skin; lay aside the gauze which is soaked, but use the mackintosh again after cleaning it with carbolic-acid solution.

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[1] From advanced sheets of A Manual of Operative Surgery in the press of Hurd and Houghton.

[2] High-pressure steam, issuing by a minute orifice from a boiler heated by spirit lamp or gas, sucks up a strong solution of carbolic acid by a tube that dips into a vessel containing it, and, blending with it in about equal quantity, forms a 1 to 40 spray; the tube for the solution should be at an angle of 45° with that for the steam, having its point ground off obliquely so as to be exactly in the axis of the steam tube. For smaller amputations, Richardson's apparatus for local anæsthesia, with the 1 to 40 watery solution of carbolic acid, may be employed.

[3] Melt the paraffine and resin together in a water bath; add the acid by stirring; heat the cotton cloth to a higher temperature than the melting point of the mixture; use of the melted mixture an amount equal in weight to that of the cloth; to diffuse the heated liquid equally, sprinkle it over the gauze by means of a syringe with a number of minute perforations, place the gauze charged in a wooden box or hot chamber, and apply a heavy heated weight.

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[1] For cases of compound fracture, seen for the first time several hours after the accident, use a stronger antiseptic (1 part of carbolic acid in 5 parts of spirit of wine); introduce it into the recesses of the wound by means of a gum elastic catheter connected with a syringe by a piece of caoutchouc tube.

[2] If the finger is to be introduced into the wound take special care that it is an aseptic finger, and this is done by cleansing it with an antiseptic solution, making sure that it passes well into the folds about the nail.

[3] Instruments must remain in the antiseptic lotion sufficiently long to penetrate any dirt or grease which may be concealed on them, as between the teeth of forceps.

[4] Sponges, though used in suppurating wounds, but thoroughly treated with carbolic acid solution, are antiseptically clean.

[5] The effusion of plasma which occurs during the first few hours after the infliction of a wound is greater, when the cut surface has been treated with a stimulating wash, than it is under ordinary management; and, unless provision be made for its escape, it will be pretty sure, in a wound of considerable depth, to accumulate in sufficient quantity to cause inflammatory disturbance from tension. When the antiseptic has left the wound the discharge will be trifling in amount, unless the irritation is continued by blood or serum pent up in sufficient quantity to cause disturbance, or by some other accidental circumstance exciting the nerves of the part. In major amputations, during the first twenty-four hours, a strip of lint soaked with an oily solution of carbolic acid (1 to 10) may be laid in the wound, one end being left out at the most dependent part, the sutures being inserted more closely than is customary at all other parts.

[6] Silk thread with the interstices among the fibres filled up with wax containing about a tenth part of carbolic acid; mix the acid with melted beeswax; immerse the silk, and when thoroughly steeped, draw it out through a cloth to remove superfluous wax.

[7] The spray is never more useful than in the introduction of the sutures; if it be not employed the wound must be injected with lotion after the insertion of the last stitch, to destroy any mischief that may have entered through regurgitation of blood that oozes into the cavity during the sewing.

[8] Cicatrization is retarded when the acid is allowed to act immediately on the margins of

FRACTURE OF THE PATELLA AND TREATMENT BY A NEW METHOD.[4]

BY HENRY O. MARCY, M. D. HARV.

No rule in medicine or surgery has fewer exceptions than that the treatment of diseases or of injuries which have many remedies is unsat-

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the wound, and it is therefore necessary to protect the part by interposing between it and the gauze a layer of some impermeable material.

[1] In situations where there is not as much extent of skin for the gauze to overlap as is desirable, as in the vicinity of the pubes, the deficiency of surface may be compensated by using the gauze in a thicker mass, say in sixteen or thirty-two layers

[2] If the gauze were applied dry, some active septic particle adhering to its surface might enter the blood or serum at the outlet of the wound, and propagate putrefaction to the interior.

[3] This impermeable cloth is used to prevent the discharge from going directly through the dressing; because, if a considerable quantity went through, the acid might all be washed out within twenty-four hours, and then putrefaction would spread inwards to the wound. The mackintosh having no antiseptic property except mechanically by its impermeability, but, on the contrary, being like other indifferent materials covered more or less with septic matter, it is necessary when the dressing consists of more pieces than one that the mackintosh be well covered in at the place of junction of the two pieces, for if it were allowed to project uncovered in the vicinity of the wound it might communicate septic mischief.

[4] Read before the Suffolk District Medical Society, October 28, 1876.

isfactory. This pertains in no small degree to the treatment of fracture of the patella. There is no fracture to which a greater variety of apparatus has been applied, and yet the results attained are by no means satisfactory; bony union rarely occurs, and the affected limb is seldom as strong as before the injury.

It is well to remember that the patella resembles the sesamoid bones in its development in the tendon of the quadriceps extensor, that it consists of loose cancellous tissue covered by a thin, compact lamina, and that it is this kind of osseous structure, moderately supplied with nutrient vessels, which, when injured, undergoes slow and imperfect reparative processes. From the exposed position of the patella it is subject to accidents of great variety; yet the large majority of fractures are transverse, and are caused by the enormous muscular force exercised by the extensor group acting in a spasmodic way, usually to prevent the body from falling backward. When we reflect that the full power of these muscles is probably expended in a great variety of the ordinary avocations of life, it is worth while to inquire how the patella can be fractured by muscular effort. This I believe to occur only when the muscular tension is at an angle with the long axis of the bone, producing a leverage effect over the condyle of the femur, and this is precisely the position of the body when an individual makes a sudden effort to save himself from falling backward. Soon after the injury there is usually developed a more or less severe synovitis, with effusion. This is a far more important factor in the injury and its results than is usually believed. It is generally supposed that the extensor group is in a state of contraction after the injury, and that, owing to this, the upper fragment is carried away from its fellow a considerable distance. If I may judge from my own observations this is not generally true, and in the patient seen immediately after the injury, when the limb is placed at rest in a state of extension, the fragments adjust themselves nearly in apposition, and remain so until separated by the effused fluid.

We should remember that the patella is firmly attached by its entire circumference to strong fibrous structures; and, when the bone is broken, many of the fibres may escape injury, and are usually amply sufficient to retain the fractured portions in place — the limb being extended and at rest — so long as there is no distending force exerting pressure from within. Soon, however, fluid is effused, and though at first only a slight separation existed between them, the fragments are now removed a considerable distance from each other. Not only does fluid occupy the space between the fragments, but these are tilted upward at a considerable angle. There are rare cases where very little effusion occurs, and it is, as I believe, precisely these cases in which the fragments are little separated and the best results are obtained. I think I have seen one case of true bony union, and, as I remember it, although it was some years ago and before I recognized the clinical importance of the effused fluid, there was little or no distension of the joint.

A good practical rule might be deduced that the results will depend largely upon the amount and duration of the fluid. The farther apart the fragments are, the greater the difficulty of apposition, and if separated for any considerable period they cannot unite by bone.

Mr. William Adams has given us much valuable information in his careful study of the specimens of this fracture contained in the London museums. When the fragments are not separated more than an inch and a half, the interspace is usually filled by firm fibrous tissue. In some of these cases, however, and in those separated by a greater space, Mr. Adams finds that the fragments are not united by plastic matter, but are bound together by thickened fasciæ which pass over the patella and incorporate themselves with the bursa patellæ. This aponeurotic structure is arranged in different ways. It may be adherent to the periosteal surface of both fragments and pass between them; it may be reflected over, and may be adherent to both fractured surfaces; or, as most frequently happens, the connecting aponeurosis may pass from the periosteal surface of the upper fragment to the fractured surface of the lower one, to which it becomes firmly united. In the majority of cases, when thus united the fragments are tilted outward, being in closer relationship upon the articular than upon the periosteal surface. Of thirty-one specimens examined, fifteen were thus united, twelve by ligamentous and four by undetermined union. Union as thus described leaves a very imperfect result. The limb is weak, the joint is unprotected, the fragments are so widely separated that the articular surfaces may be felt between them, and the fasciæ may be folded in or adherent to the capsule of the joint.

This brief review of the injury, and of the character of the inflammatory and reparative processes, brings us naturally to the consideration of its treatment. Much ingenuity has been expended in a great variety of appliances, as every surgeon is aware, from Sir Astley Cooper's bandage above and below and cross-ties between, and Malgaigne's hooks variously modified, and especially made practicable by Spence of Edinburgh, to the method of Eve of Tennessee, who surrounds the fragments with a ring. The fragments have even been cut down upon and wired, with bony union as a result; and as a believer in antiseptic surgery I trust it may not be too much to hope that the time will come when this may be adopted as the safest and best rule.

Professor Wood's method, modified by Hamilton, of a figure of eight bandage, the limb resting upon a wide inclined plane, is a favorite one in America, and I have used it in a number of cases with good results. It is open to two objections: first, it tilts the fragments forward and consequently places them in an unfavorable position for union; secondly, the constrained position is a very painful one to the patient. A large, fleshy woman, who had sustained fracture of both patellæ from muscular action, was treated by me two years ago by this apparatus. It was midsummer, and the suffering from this unnatural and constrained position alone was most cruel and severe.

Sanborn, of Lowell, has devised a very simple appliance which has given excellent results. This consists of a long piece of adhesive plaster extending from the thigh to the ankle, left in a loop over the knee; this is twisted by an inserted stick until the desired approximation is attained. Of course the limb remains at rest on a splint.

Mr. Teale, of Leeds, has treated a number of cases by the "expectant method" with success. He evidently recognizes the fact referred to earlier in this paper, that the muscles when at rest are not in a state of contraction, and gives the following reasons for the approximation of the fragments: "First, at the time of injury the quadriceps extensor is thrown into a state of tonic contraction. After a few days this contraction relaxes, and the muscle gradually regains its normal length, thus removing all traction on the broken bone. Second, the effusion, which always occurs at the time of the accident, is slowly absorbed, and by its removal allows the fragments to fall together. And third, the fibrinous band, which is formed between the opposing surfaces, has, like all cicatricial tissue, a tendency to contract, and thus to complete the approximation."

Much ingenuity has also been expended upon the construction of hospital appliances to bring, by means of weights and pulleys, the fragments into apposition, and good results have been obtained.

A careful study of the pathological processes brings one to the deduction of a few simple rules for treatment.

The first, and as I believe one of the most important factors of all, is the effusion. This, if in large quantity, or if not rapidly absorbed, from my experience in aspiration in acute synovitis of idiopathic character, I would unhesitatingly remove by the aspirator, and repeat the operation if necessary. The fracture cannot be treated in permanent apparatus until after the effusion has disappeared, but rest on pillows, cold applications locally, etc., answer very well. I have in several instances placed the limb in Hamilton's splint for the first week.

As soon as the traumatic inflammation has subsided, I have used in the last three cases the following, which so far as known to me is a new method of treatment.

Adhesive plaster of good quality, upon strong cloth (I have found that of Mow & Sons, of London, prepared upon thick cloth, the best), cut in pieces of concentric shape, of considerable width, should be carefully adjusted both above and below the patella. The inner edges are best turned slightly back upon themselves, or welted over a small cord, while the projecting points are doubled back for reinforcement as well as to prevent their adhesion to the skin. These pieces are perforated for the introduction of an elastic cord.

The limb is carefully enveloped in a plaster bandage extending from the toes to the hip, and strengthened by inlaid pieces of tin. The same precautions are required in the application of the bandage as in fracture of the thigh, to secure rest and support, as well as disablement of the muscles. The best proof of its proper application is that the limb is perfectly comfortable, and at the same time voluntary muscular contraction is reduced to the minimum.

Tins are incorporated into the bandage each side of the knee, of suitable shape to reinforce the fenestra, which is at once cut in the bandage, of oval shape and sufficiently large to liberate the entire patella, with a free surrounding of nearly an inch. Loops of wire (one or better two on each side, above and below the knee) are also adjusted in the bandage at suitable distances for the tying of the elastic ligatures fixed in the extremities of the adhesive plaster. The proper position of these loops is of some importance ; for if placed too low, the pressure is too great from above downward, which results, as in the figure of eight bandage, in tilting forward of the fragments, thus causing the fractured surfaces to approach each other at a greater or less angle.

Pressure is made upon the fragments by the adjustment of the cords. Much less force is required than would be supposed, the lower piece of plaster fixing the lower fragment, while the upper draws its fellow into apposition. The inclosed surface over the patella is easily rendered œdematous by interference with the capillary circulation, if too much tension is used.

The patient may be at once allowed to walk with crutches, the foot being supported by a sling from the neck, as in fracture of the thigh. After the first week he may ride, and, in fact, attend to many light duties.

In illustration of this treatment I will briefly report my last three cases treated by this method.

Case I. April 21, 1876. Mr. T. L., a strong, healthy man, in middle life, fractured the left patella transversely by muscular effort. The leg was kept at rest upon an inclined plane until the effusion, which was of considerable amount, subsided, and on April 27th was put up as above described.

The splint was removed at the end of seven weeks, and a light splint was adjusted for a few weeks longer. The patient was on crutches after the first few days, and busied himself most of the time correcting proof, as his business was that of a music printer. September 1st, he walked with only a slight halt, and chiefly complained that the limb became tired sooner than its fellow. The union is ligamentous, and does not exceed a quarter of an inch in length.

Case II. April 28th. Mr. F. L., aged twenty-nine, fractured the right patella transversely by muscular action. The synovitis was severe and the effusion was very marked, and in consequence I was unable to apply a permanent apparatus until the thirteenth day. The fragments came well into apposition and were easily retained. In a few days the patient walked with the aid of crutches, and enjoyed driving almost every pleasant day. The treatment in all respects was similar to that in the first case. September 1st the fragments were separated by about one third of an inch, and on the 25th by five eighths of an inch. The union now seems firm and the fragments freely movable, but the fractured edges are tilted forward at an angle, and the result is evidently modified and less successful on account of the great amount of effusion. In a similar case I would aspirate the fluid. The patient wears a knee-cap, and walks easily with the aid of a cane.

Case III. Mrs. W., seen in consultation with Dr. Flowers, of Cambridge, fractured her right patella in April, six years ago, and was kept in bed nine weeks, the limb supported on a straight splint, and then had a plaster splint adjusted, which she continued to wear until the following January. The limb was almost entirely stiff for many months, yet the fragments were separated so that the finger could be laid between them. July 6, 1876, the ligamentous union was broken by a muscular effort to save herself from falling. There was a considerable amount of effusion and ecchymosis, which subsided in about ten days, when I applied the apparatus as above. She began to walk with crutches in a few days, and suffered very little during her treatment. The splint was removed in fifty days, a knee-cap was applied, and the patient now walks with the aid of a cane. The fragments are separated one fourth of an inch. The knee can be slightly flexed.

New devices are likely to be overestimated. I would not claim too much for the above method. It has the advantage of being simple, keeps the injured parts open to inspection, saves the patient the irksome suffering of weeks in a constrained position, and maintains his general health by exercise and ability to be out of doors, which last is no minor factor in hastening the reparative processes. In the hands of any physician of moderate mechanical genius it can scarcely fail of securing satisfactory results. As in cases treated by any other method, care should be exercised for a considerable period after the removal of the splint not to bring the limb into too free use, for not rarely will the tendon itself lengthen after several weeks have elapsed, and what appeared to be a good result, months later makes a different exhibit. This is illustrated by the case of a physician in Cambridge, who remained on his back four months in order to be certain of a good result, but the tendon gradually lengthened for some months, until now it measures about two inches.

RECENT PROGRESS IN DERMATOLOGY.

BY JAMES C. WHITE, M. D.

The Pathology of Epithelium. — Dr. Van Harlingen publishes[1] the results of some examinations of the epithelium from portions of skin affected by seborrhœa, psoriasis, and eczema for the purpose of aid in differential diagnosis in the scaly stages of each disease. In each the epithelium was found to resemble that of the other affections while preserving slight peculiarities of its own. In psoriasis the cells are yellowish, dry, staining with difficulty, and present contents faintly or not all granular. Nuclei are rarely present, and are pale and indistinct. The cell outline is jagged, with a tendency to curl. In eczema the cells are transparent, smooth, stain fairly, and present no granular contents. The outline is thin and irregular; the nuclei are faint and rare. In seborrhœa capitis the cells are smooth and regular in outline, stain deeply, possess large and distinct nuclei, and only occasionally have indistinctly granular contents.

Plasma Tubes of the Skin. — Key and Retzius state[2] that they have discovered an extended system of large plasma passages communicating with the lymphatic vessels of the skin. In the deepest parts, and around the sweat glands and hair follicles, they are relatively large and wide; in the external portions they become more slender, but are abundant, form a fine network in the papillæ, and finally penetrate to and communicate with the intercellular spaces of the rete.

Bromidrosis Pedum. — Dr. Longworth, of Cincinnati, gives[3] the results of some experiments made by him to test the truth of the commonly accepted opinion that the ill odor in this affection is due to decomposition of the elements of perspiration. Horny epidermis was removed from different parts of the cadaver, including the soles of the feet, soaked in ether three or four hours, and washed thoroughly in water. It was then entirely odorless. Being placed in test tubes with just enough water to cover it, and kept at a temperature of 90° F., the specimens from the various parts behaved differently. Those from the chest and abdomen preserved their transparency, and did not swell up for several days; the fluid, however, became turbid, and had a fetid odor resembling that of bromidrosis. Those from the soles began to swell up within an hour or two, and after twenty-four hours gave out an odor absolutely identical with that under discussion. Dr. Longworth concludes, therefore, that the odor of the affection is due to the maceration and decomposition of the horny epidermis.

Malarial Dermatoses. — Dr. L. P. Yandell, Jr., of Louisville, Ky., in a brief report[1] on dermatology read before the Kentucky State Medical Society, states that "the acute skin affections have their chief source in malaria," while the "chronic diseases have their origin chiefly in the strumous diathesis." The only two classes which have any claim to be considered local diseases are in his opinion those caused by animal and vegetable parasites, and even in these he believes some constitutional defect may usually be found.

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[1] American Journal of the Medical Sciences, July, 1876.

[2] Medical Record, August 26th, from Nordiskt med. Arkiv, vol. viii., No. 5.

[3] The Clinic, October 30, 1875.

As so much has been published recently against the local nature and origin of skin diseases, and in support of Gallic diatheses, blood changes, and other mysterious influences which underlie their ætiology, all of which lead to the most diverse and unnecessary drugging of the patient, it is refreshing to note that the latest theory as to their ætiology is a purely modern, native American one. Dr. Yandell, living in a malarial atmosphere, naturally sees many things cutaneous through this medium, as does the student educated in the French school through the dartrous haze which envelops it, and the one theory is as good as the other. So if he argues from the good effects of quinine and arsenic in some of these affections in support of his views, he stands upon precisely the same ground as do they who, from the supposed therapeutical action of other drugs in these affections, claim that they thus demonstrate their constitutional nature.

There are two questions for Dr. Yandell to answer: Are acute affections of the skin in Kentucky different from those in New England? Are they more common there than here? They certainly are very common amongst us, where malaria scarcely exists.

Relation of Skin Diseases to Diabetes. — Professor Pick, of Prag, in a paper[2] upon this subject enumerates three kinds of dermatoses connected more or less intimately with this affection: (1) those which are simply coincident with the diabetes, and are more or less modified by it, as certain forms of eczema; (2) those which arise from the same general condition as the diabetes, and may precede or succeed it, as pruritus cutaneus, furunculosis, due to some disturbance of the central nervous system; and (3) cutaneous affections directly caused by the changes in the organism produced by the diabetes, the circulation of sugar in the blood, as xeroderma, other forms of eczema, pruritus, furunculosis, and even carbuncle. He calls attention to the importance of examination of the urine in such dermatoses.

Pityriasis Circiné. — Under this title Horand,[3] chirurgien-en-chef de l'Antiquaille, describes an affection seated upon the neck, trunk, and limbs, but especially upon the scapular, deltoid, and sub-clavicular regions. It consists of discrete or confluent patches, varying in size from that of a pea to that of a half-dollar piece, circular, scarcely elevated above the general surface, and either level or depressed in the centre, so that the elevated border presents the appearance of a ring. Their color varies from pale rose to yellowish-white, approaching at times so nearly the tint of the surrounding skin that they are recognized with difficulty except by examining them obliquely. The patches are always dry, and more or less scaly, and the underlying and surrounding skin is apparently unaltered. They are sometimes accompanied by a little itching, and in consequence of scratching are reddened, but otherwise they exhibit no manifestations of marked inflammation throughout their course, which may extend over several months without change in their appearance or size. When it finally disappears it leaves no trace of its former presence. The patients — and it affects all ages and the sexes alike — are usually in good health. The affection is not contagious or parasitic, and is very rare. M. Horand offers no explanation of its nature. It yields to local measures, baths of sulphide of potassium or carbonate of soda, to frictions with soft soap, or, if these are insufficient, to mercurial ointments.

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[1] Reprinted from the American Practitioner for May, 1876.

[2] Allgemeine Wiener medizinische Zeitung, No. 34, 1876.

[3] Annales de Dermatologie et de Syphiligraphie, tome vii., No. 5.

A Contribution to the Knowledge of Pemphigus.[1] — Professor Neumann, of Vienna, reports a fatal case of pemphigus of four months' duration, in which, after the rupture and casting off of the roof of the bullæ, an appearance showed itself upon their bases resembling what has been described by Hebra in similar cases as a croupous exudation. The tissue was found by Neumann to consist of a new formation of papillæ and capillary loops, containing also exudation and pigment cells. That they were a true new growth and did not spring from preëxisting papillæ, but from the cutis tissue, was shown by their occurrence where papillæ do not normally exist. This growth has never been recognized before.

A Contribution to the Therapeutics of Acne Rosacea. — Professor Neumann, of Vienna, after calling attention[2] to the fact that it is the vascularity of the tissues which prevents the permanent cure of the disease, recommends the following method for the cure of this condition. The enlarged or new-formed vessels are slit open by a cataract needle; slight scarifications and punctures of the diffused red districts are also made, the existing nodules are removed by the scoop, and the hæmorrhage checked by lint. The parts which are red without visible capillaries are then painted with a solution of carbolic acid in alcohol, one to three or four parts. The pain produced is slight and soon disappears, leaving a thin coating which peels off in a few days, or is removed by the next painting, which must be repeated every second day. The results by this method in the flat forms of the disease, Professor Neumann claims, are always successful.

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[1] Stricker's medizinische Jahrbücher. Heft iv. 1876.

[2] Allgemeine Wiener medizinische Zeitung, No. 37, 1876.

Elephantiasis of the Nose; *Treatment by Decortication.* — M. Ollier,[1] of Lyon, described at a recent meeting of the Paris Academy of Medicine his method of cure of this distressing deformity by the destruction of the greater portion of the diseased integument and underlying tissues by the knife, galvano-caustic, or actual cautery, leaving only the skeleton of the nose untouched. He claimed that the cure by this method is radical. A long discussion followed as to whether the affections of the sebaceous glands always found accompanying the enlargement are to be regarded as a primary and essential element in its causation or not.

Treatment of Lupus. — Veiel[2] gives in the yearly report of his skin hospital at Cannstatt an account of the various methods employed there in the treatment of this affection. Cod-liver oil was given, especially to patients of a scrofulous habit. The main reliance, however, was placed upon the local destruction of the lupus efflorescences, for which scarification with subsequent cauterization by chloride of zinc is still recommended by Veiel as the best means, particularly on account of the fine scars which result. Scooping or pricking without subsequent scarification was always followed by relapse in a short time. As a most valuable remedy, on account of the slight painfulness and exactness of its application, and the fairness of the resulting scars, he recommends chloracetic acid. For small, superficial lupus patches a single painting with it suffices. The crust separates generally without suppuration, and leaves a small, shallow scar. Larger and deeper places are best treated by boring the acid into them with a glass rod, and treating the wound after the crust falls by mild cauterization with chloride of zinc. In this way he succeeded in perfectly healing a lupus superficialis which covered a large part of the upper arm. The acid is of great service also in destroying the projecting cicatricial cords, which sometimes follow the cure of lupus, employing between the cauterizations the emplastrum cinereum.

In lupus erythematosus good results were obtained in some cases by the repeated use of an ointment of biniodide of mercury, one part to five. Scarification with subsequent cauterization with chloride of zinc also produced a cure.

Leprosy in Sicily. — Professor Profeta of the University of Palermo communicates[3] the results of his studies of this disease, which extend over a period of seven years and a half and embrace one hundred and fourteen cases (eighty men and thirty-four women). In former centuries, when the number of leper asylums in Europe amounted to nineteen thousand, two of these were established in Palermo, whereas dur-

[1] Le Mouvement médicale, August 26, 1876.

[2] Vierteljahresschrift für Dermatologie und Syphilis. III Jahrg. 2 Heft.

[3] Annales de Dermatologie et de Syphiligraphie, tome vii., No. 4.

ing the last eight years but eight cases have occurred in that city, and from many districts where it formerly occurred the disease has wholly disappeared. Dr. Profeta regards hereditability as the only known element in its ætiology, and discards as unsubstantiated by his own studies the possibility of communication by contagion, nursing, and vaccination. So far as the former is concerned, examples of transmission down to the fourth generation have been observed in Sicily, and it is a recognized element in three quarters of his cases. The conditions favorable to its development are still a matter of mystery to him. Proximity to the sea, the over use of fish diet, bad hygienic conditions, the presence of malaria, which have all been assigned as causes of its production, seem to bear no such relation to it in Sicily. The cutaneous symptoms presented by the disease there are both of the anæsthetic and tubercular form. Professor Profeta appears to have made use of many kinds of medicine, but concludes that all are powerless against the course of the disease. Of the one hundred and fourteen lepers which have been the subjects of his observations, sixty have already died, the mean duration of the affection being with them thirteen years.

The Ætiology and Treatment of Leprosy. — Dr. Munro in the beginning of his paper [1] refers to the opinion expressed by Dr. Bakewell, of Trinidad, in his report to the committee of the House of Parliament, that leprosy is on the increase in that and neighboring islands in consequence of the introduction of compulsory vaccination. Dr. Munro was at that time resident at St. Kitts, and found by statistics that the disease is increasing in Demerara alone, a badly vaccinated colony, while it has decreased in all the other islands since the introduction of vaccination. He is, however, a believer in its communicability from man to man.

Port-Wine Mark and its Obliteration without Scar. — Dr. Squire in this paper,[2] which forms one of a series of essays on the treatment of skin diseases, announces a method for the removal of one of the most disfiguring conditions which the skin ever presents, that diffused, congenital, varicose state of the cutaneous vessels known by the above name. The process, as he describes it, is as follows: freeze the parts to be operated on by means of the ether spray until perfectly insensible; then scratch it with an ordinary cataract needle with parallel scratches; then place a piece of blotting paper on it before it has thawed and consequently before it has begun to bleed, pressing it firmly on the skin for five minutes. After half an hour wet the paper with cold water, and remove it carefully in the direction of the scratches, for if peeled off transversely to them they will begin to bleed. The surface of the skin will be found to be covered with a thin clot of blood, which should be carefully washed off with a camel's-hair brush moved in the direction of the scratches. The surface may then be coated with a thin film of glycerine by means of the brush, by which any subsequent hot and hide-bound sensation is avoided. The scratches need not reach more than half through the thickness of the skin, not more deeply than the sixteenth of an inch at the most, and should not be farther apart than the sixteenth or thirty-second of an inch. Should the operation require to be repeated, it may be undertaken within a few days, in which case the scratches must be made in a direction oblique or transverse to the original ones, and this may be repeated as often as may be required. The whole business at each time may be performed within a minute, and no pain or disagreeable sensation is experienced by the patient, not even a drop of blood is lost. No scar whatever remains, and no trace of the mark is left within a fortnight after a successful operation.

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[1] Edinburgh Medical Journal, September, 1876.

[2] London: Churchill. 1876.

Ueber den Flachen Hautkrebs, etc. Von Eduard Lang.[1] In this lecture upon superficial cancer of the skin (rodent ulcer), Lang, professor of dermatology at Innsbrück, gives an admirable description of the disease and of the differential points of distinction between it and the affections with which it is most commonly confounded, the syphilitic ulcer and lupus vulgaris, the clinical and anatomical features of the three diseases being discussed at great length. The author takes the opportunity of repeating his views (see former reports) concerning the individuality of the lupus process. In the treatment of this form of cutaneous carcinoma he strongly advises the use of the scoop, the pain and hæmorrhage produced by it being very slight, and the resulting scar smooth.

(To be concluded.)

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BRISTOWE'S THEORY AND PRACTICE.[2]

A CAREFUL examination of this work enables us to speak very favorably of its merits as a text-book for students, and as a convenient volume of reference for practitioners. Like most treatises on theory and practice it is divided into two parts. The first part is devoted to the general considerations which underlie the knowledge of all diseases; in other words, to general pathology. This includes a chapter on the physiological processes in health, which is followed by an account of the common morbid processes, cell-growth, inflammation, hypertrophy, atrophy, degeneration, and necrosis; mechanical and functional derangements, including congestion and dropsy; fever, the treatment of disease, tumors, and some other subjects. Thrombus and embolism are included under the head of diseases of the vascular system. More space is allotted to this department than is usually found in text-books on practical medicine, and the most advanced views on these subjects, so far as they are generally accepted, are presented to the reader. The busy practitioner will be able, by its perusal, to keep abreast with the great progress which scientific medicine has made within the past few years, and for which he has neither the time nor, frequently, the opportunity, to consult larger treatises, monographs, and journals. We would especially call attention to the articles on inflammation, on tubercle, and on tumors, as, among others, replete with valuable information, and as written in a clear and intelligible style.

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[1] Wiener Klinik. II Jahrgang, 5 and 6 Heft. May, 1876.

[2] *A Treatise on the Theory and Practice of Medicine.* By JOHN SYER BRISTOWE, M. D. Lond., F. R. C. P., Physician to St. Thomas's Hospital, Joint-Lecturer on Medicine at the School, and Examiner in Medicine to the Royal College of Surgeons, etc. Edited, with Notes, by JAMES H. HUTCHINSON, M. D., Attending Physician to the Pennsylvania Hospital, etc. Philadelphia: Henry C. Lea. 1876. 8vo, pp. 1089.

Our limits permit us only to point out a few of the excellences of the second part, or special pathology, of Dr. Bristowe's work. While all of it is deserving of high praise, we must particularly commend the portion devoted to diseases of the nervous system, which is very complete, and well represents the present state of our knowledge on this important subject. It is preceded by a sketch of the anatomy and physiology of the nervous system, and contains a description of all the important structural and functional affections of the brain, spinal cord, and nerves.

The style of the work is plain and lucid; though condensed it is never bald. Controversy is avoided, and illustrative cases are omitted in order to give more room to practical teaching. As an accurate and trustworthy guide it is of the highest order of merit, and though it will not probably supersede in this country Dr. Flint's admirable treatise, it has the advantage of embodying the discoveries and improvements which have been made since the last issue of that work.

The book is beautifully printed on excellent white paper, and its appearance is highly creditable to the publisher.

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WOODHULL ON THE NON-EMETIC USE OF IPECACUANHA.

This is an interesting and valuable contribution to the subject of the therapeutic virtues of ipecacuanha, founded in part upon observations and experiments of the author, and supplemented by numerous citations from other writers. Dr. Woodhull believes that the valuable properties of the drug are not so fully appreciated as they should be by the profession at large, especially when employed in comparatively large doses, which, he states, are not usually emetic, especially if administered in a small vehicle. He believes that it is a direct nervous stimulant, acting chiefly, if not entirely, upon the sympathetic system, and that in this way its beneficial effects in many diseases may be explained. These effects have been known for some time in India, where ipe-

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[1] *Studies, chiefly Clinical, in the Non-Emetic Use of Ipecacuanha: with a Contribution to the Therapeusis of Cholera.* By Alfred A. Woodhull, M. D., Assistant Surgeon and Brevet Lieutenant-Colonel, United States Army. Philadelphia: J. B. Lippincott & Co. 1876.

cacuanha is largely given in dysentery, and Dr. Woodhull cites twelve cases of this disease, "selected from those occurring in my own practice within the past two years, not as specially successful cases, but as fair types of the whole," in which the remedy was not only followed by relief, but, in some cases, so promptly and permanently, that we cannot reasonably deny its efficacy. Other cases, equally convincing, are furnished by friends of the author, and numerous citations are given from the published writings of other physicians to the same effect. The conclusion drawn by the author from this evidence is, that it establishes "with reasonable clearness the readiness with which ordinary sporadic dysentery yields to large doses of ipecacuanha, and that ipecacuanha in twenty and thirty grain doses does not necessarily cause emesis."

Although the efficacy of ipecacuanha in large doses in the treatment of other diseases is not so clearly established, it seems to be of benefit in some cases of diarrhœa, cholera morbus, cholera infantum, and the vomiting of pregnancy.

Part third of the work is entitled A Speculation upon Cholera, for which disease, as might be anticipated, the author proposes large doses of ipecacuanha as likely to be of service.

Although containing but little that is new, this essay is a convenient recapitulation of the therapeutical properties of ipecacuanha, and is written in a modest and pleasing style.

ZIEMSSEN'S CYCLOPÆDIA.[1]

We welcome the present volume, which maintains the high standard of its predecessors in this series. The chapters on the diseases of the circulatory system are by Rosenstein, Schrötter, Lebert, Quincke, and Bauer; the remainder by Steffin, Vogel, and Wagner, all of whom stand very high in the profession in Germany. The translation, as heretofore, has been very well done.

HOURS WITH JOHN DARBY.[2]

This little book is in the author's well-known style, and is by no means an unfavorable specimen of it. It is advice from an old to a young man on the question of a wife, and on the knowledge of himself and of the world, in the widest sense, which the man must bring to make his choice fortunate and his future life happy.

The philosophy with which the work abounds is all sound and pure, and puts the reader on the right road to the consideration, if not to the solution, of many of the most pressing social and political difficulties.

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[1] *Cyclopædia of the Practice of Medicine.* Edited by Dr. H. von Ziemssen. Vol. VI. Diseases of the Circulatory System, together with the chapters on Whooping-Cough, Diseases of the Lips and Cavity of the Mouth, and Diseases of the Soft Palate.

[2] By the author of Thinkers and Thinking. Philadelphia: J. B. Lippincott & Co. 1877.

DISEASES OF THE RECTUM.[1]

Although the literature of this subject has received a fair share of attention from writers of excellent standing during the last half century, there has been little of novelty, in either pathology or treatment, to attract general attention to this branch, as has been the case with so many other special departments of medicine. There is perhaps no portion of minor surgery with which the general practitioner is less familiar than the more common affections of this region. Many of the lesser evils with which the rectum is afflicted are consequently neglected, and the specialty has fallen an easy prey to adventurers. Be this as it may, we feel sure that few practitioners would fail to profit by reading a standard work on diseases of the rectum such as is offered by Mr. Curling in the last edition of his work. His wide experience, embracing a period of practice of great length, gives the stamp of originality to all parts of his subject, while the high standing of the writer lends its due amount of weight to the opinions expressed. We find in this book not only the usual chapters on piles, fistula, painful ulcer, etc., but also an exceedingly valuable account of congenital imperfections of the anus and rectum, and a variety of practical subjects which are never found in text-books and are rarely seen in special treatises.

The chapter on hæmorrhoids presents the subject in a clear light, and would be profitable reading to many physicians who are in the habit of dismissing this affection with an unguent and laxative, frequently prescribed without any attempt at an examination.

In cases of internal hæmorrhoids needing operative interference, Mr. Curling prefers the ligature to the cautery. The discomforts of the former method are doubtless greatly alleviated in his hands by the care with which he separates the base of the pile from the margin of the anus before applying the ligature. Improved means of employing the cautery will, we think, make this method a more popular operation among surgeons than it has been. We are inclined to think that the amount of tissue destroyed can be more carefully regulated in the latter procedure, while convalescence is more rapid and less painful. Certainly nothing can be more annoying, to physician as well as patient, than the irritation frequently produced by a carelessly tied pile; too deep a ligature is also not without its dangers.

The ætiology of chronic ulceration and stricture is undoubtedly obscure. These diseases are popularly supposed to be either syphilitic or cancerous; stricture is considered by some to be the result of ulceration; by others the ulcerations are thought to follow, not precede, the stricture. The author mentions a variety of ulcers, among which the syphilitic, the dysenteric, and tubercular may be mentioned. Difficult labor is spoken of as a not infrequent cause of stricture. The relations of stricture to syphilis are but incidentally alluded to. Although the subject receives a fairer share of the author's attention than usual, much remains to be said: and we feel impressed with the fact that a more careful study of the pathology of these affections would throw valuable light on what is still an obscure subject.

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[1] *Observations on the Diseases of the Rectum.* By T. B. Curling, F. R. S. Fourth edition, revised and enlarged. Philadelphia: Lindsay and Blakiston. 1876.

We are somewhat disappointed to find that Mr. Curling has not alluded to others methods of treating fistula than by the knife or ligature. This is a domain in which the laity, at least, entertain strongly partisan views. The treatment " without the use of the knife " has long proved a profitable field to the charlatan. We should have been much interested in an expression of opinion from so experienced a practitioner as the author, as to what class of cases were suited to this treatment. In this respect we do not think that this chapter, nor, indeed, that on ulceration, compares favorably with the work of Allingham. We must remember, however, that the book has been revised several times, and represents the experiences of a veteran whose opinions are entitled to respect.

THE MEDICAL REGISTER FOR NEW ENGLAND.[1]

We are glad to see that the success of Dr. Brown's earlier Registers (that of Boston and vicinity, 1872, and of Massachusetts, 1874) has been such as to induce him to undertake the present one. As the preface states, it includes all the information contained in its predecessors, with the many changes and additions needed to bring the work to the present time ; it has been so far enlarged as to embrace reliable information regarding all medical organizations of the regular school throughout the New England States. Considering that this includes medical schools, libraries, museums, and societies and associations of various kinds, the compilation is no small task, and Dr. Brown deserves great credit for the thoroughness which it shows. Besides the alphabetical lists of the members of the medical society of each State there are others giving the names of the physicians in each town, which we think will prove very convenient. The lists of the state societies are authorized by their respective secretaries, with the exception of that of Vermont, an exception that we are at a loss to understand, for one would think that the author of such a work would receive ready assistance from his colleagues. Besides the institutions of New England proper, the work contains due notices of those of general interest, such as the American Medical Association, and the rules concerning the medical departments of the army and navy. There is a list of nurses, male and female, recommended by physicians, and the information in the book is made readily accessible by eighteen pages of index. Each copy contains a separate sheet giving a practical illustration of the advantages of the metric system and of the way to use it. In a word, the book is full of useful information, and we heartily recommend it. It will appear in a few days.

[1] *The Medical Register for New England.* By Francis H. Brown, M. D. Boston: H. O. Houghton & Co. 1877.

PROCEEDINGS OF THE NORFOLK DISTRICT MEDICAL SOCIETY.

ARTHUR H. NICHOLS, M. D., SECRETARY.

THE annual meeting of the society was held at Hyde Park, the vice-president, **DR. JOHN P. MAYNARD**, in the chair. Forty-three members were present.

Irreducible Hernia of the Omentum; Operation; Recovery. — **DR. J. HENRY DAVENPORT** displayed the contents of an irreducible hernia, recently removed, and gave a detailed history of the case. The patient was a strong, healthy man, aged forty-eight, weighing about one hundred and seventy pounds. Since the age of twenty-eight he had been the subject of a right inguinal hernia, which for the past seventeen years had been irreducible. The protruding mass was the source of considerable trouble, giving rise to a painful, dragging sensation, which had been to some extent relieved by a supporting bandage. Upon examination, the hernia was found to be about the size of a pint bowl, and a large, thick, soft neck could be detected, closely embraced by the external abdominal ring. That the hernia consisted of omentum only could be plainly perceived by its peculiar feeling, and this view was corroborated by the absence of all gastric symptoms. Repeated and prolonged attempts at reduction by taxis, both with and without the aid of ether, having proved ineffectual, it was deemed advisable to attempt the removal of the hernia by means of the knife. The patient having assented to an operation, an incision was made immediately below the external ring, two and one half inches long, through which the omentum was turned out. The mass proved to be six to eight inches in length, and weighed when fresh about one and one half pounds. The testis was adherent to the tumor by a single artery only, of medium size, which was twisted off. The adhesions formerly existing at the external ring proved to have been broken up by the manipulations made during taxis. The portion of the omentum having its seat within the ring was not condensed into a narrow neck, as is usually the case, but was folded together at this point, like a piece of puckered cloth, rendering it necessary to apply as many as nine ligatures. As these ligatures were tied one after another, and each ligatured portion of the omentum was cut away below, there occurred the only hæmorrhage of any account.

The patient made a rapid and complete recovery, the ligatures coming away on the seventeenth day. At the expiration of two months no trace of any rupture could be detected.

New Splint for Fore-arm. — **DR. H. A. MARTIN** read a paper[1] descriptive of a new splint, the invention of Dr. Farr, of New Hampshire, adapted to the treatment of fractures of the lower two thirds of the fore-arm. This splint, unlike others, recognizes the anatomical peculiarities of the arm, and treats the radius as a curved bone. Hence the apparatus, though simple and inexpensive, is peculiarly adapted for preventing any displacement of the fragments, and at the same time offers security against the spoon-shaped deformity at the lower extremity so often observed, and which occurs more especially after Colles's fracture.

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[1] Dr. Martin's paper was published in the JOURNAL for August 17, 1876.

School Children and Infection. — DR. JOEL SEAVERNS presented a report from the committee, to whom was referred the subject of School Children and Infection. The report drew attention to the settled conviction in the minds of physicians, that a large proportion of the cases of contagious diseases occurring among school children are directly traceable to infection received from their fellow-pupils in school. There are massed together in our public schools large numbers of children, at an age when they are especially susceptible to infection; and unless some general preventive system can be agreed upon by medical men and the friends of education, these localities must continue to be, what they now manifestly are, the chief foes of infection.

There are numerous reasons why the correction of this great evil should not be intrusted to the teachers alone. In the attempt to exclude infection, questions will inevitably arise, an intelligent and correct answer to which must demand special knowledge, such as the ordinary teacher cannot be expected to possess. Hence the necessity of a fixed code of rules, designed to exclude from the school infectious pupils, and pupils coming from infected homes. And even when such rules are adopted the opinions of medical men will be often necessary, to decide upon questions of diagnosis, the relative degree of danger from particular diseases, etc., etc. These hygienic measures would therefore, be much more efficiently and smoothly carried out under the eye of a medical inspector, to whose opinion much greater weight would be attached.

It is the proper object of all sanitary laws to protect the public interest by preventing people from endangering the health of others, through either carelessness, indifference, or ignorance. In the case of tenement houses and emigrant ships, laws have been frequently enacted to prevent the wanton sacrifice of life from a neglect of proper sanitary measures; and it is a striking anomaly that no measures have hitherto been adopted to prevent the wholesale propagation of the zymotic diseases among school children. It must indeed be admitted that the utility or efficacy of any such regulations must vary somewhat in different localities, depending upon the degree of intelligence of the parents. Hence in this, as in other matters of sanitary reform, it is essential that the public should be first educated to a proper appreciation of the importance of the rules; for no general sanitary measures of this character can be successfully carried out in the face of general ignorance and apathy.

There are three general principles upon which all restrictive rules designed to deal with infectious diseases should be based. These are: —

(1.) The isolation of the sick.

(2.) The interposition of a certain interval between the convalescence of the patient, and his return to school; to be enforced alike in mild as well as in severe cases of illness.

(3.) The disinfection of the sick room and its contents, and of the clothing of the patient.

The rules for the guidance of parents and teachers in these cases of infectious diseases, should be plain and specific. Moreover, as they will be brought to bear upon different and constantly varying types of disease, they should have some latitude of application. They should be most strict in dealing with small-pox, varioloid, and scarlet fever, as the most formidable of the infectious diseases; diphtheria, whooping-cough, and measles, being less contagious, or less dangerous, will not require such rigid rules of exclusion.

The rules proposed by Dr. Seaverns were as follows: —

(1.) No teacher or scholar shall be allowed to attend school from any house in which small-pox, varioloid, or scarlet fever is prevalent.

(2.) No teacher or scholar shall be permitted to return to school from any house where the above-mentioned diseases have prevailed, until three weeks shall have elapsed from the beginning of convalescence of the patient. In case several individuals have been affected with such disease within the same house, the period of time must be reckoned from the beginning of convalescence of the last case.

(3.) No teacher or scholar shall be allowed to attend school who is affected with diphtheria, measles, or whooping-cough.

(4.) Teachers shall have authority to exclude temporarily from school any scholar who may be affected with other diseases or eruptions of a doubtful character. Such cases, however, shall be referred promptly to the school committee or medical inspector for further action.

It is the part of educational bodies, in conjunction with local boards of health or other sanitary organizations, to suggest and indorse specific rules framed to suppress this great evil. Upon physicians, however, falls the duty of awakening these bodies to a due appreciation of the magnitude of the danger, and also of impressing upon the community how essential is the existence of some such rules for the establishment and maintenance of public health, and especially for the welfare of the schools.

It was recommended, finally, with the view of securing a more effectual enforcement of the rules proposed, that medical men attending diseases of an infectious character should be compelled by legislative enactment to convey the earliest possible information of the appearance of such disease to the local sanitary authorities, by whom prompt measures should be taken to localize and destroy the contagion. An indefinite enactment of this sort already exists among our State statutes, but has never been enforced, except in case of small-pox.

The annual address was next delivered by Dr. P. O'Meara Edson. The address was a centennial retrospect of the progress made in certain branches of medicine, recalling numerous incidents in the early history of the profession, and embodying in conclusion an able plea in behalf of the claims of legitimate medicine.

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THE TREATMENT OF IDIOCY.

THE twenty-ninth report of the Massachusetts School for Idiotic and Feeble-Minded Youth gives us an encouraging view of the progress that is making in this most difficult branch. This institution is the oldest in the country, and owes its origin to the charity and perseverance of the late Dr. Howe, who acted as superintendent till October, 1875. Dr. Jarvis is his successor, but

Dr. Henry Tuck, who is his assistant, writes the report, and is apparently in charge. We quote from the report of the trustees the following statement of the condition of the school, which it is important should be rightly understood: "The school was founded by the State, but for convenience in holding property and conducting the business affairs of the school, a corporation was created, and acts through its officers. But the concerns of the school are under the direct charge and oversight of a board of trustees, consisting of twelve persons, six of whom are appointed by the governor and council, and the other half are elected by the corporation, while the governor, lieutenant-governor, secretary of state, president of the senate, speaker of the house, and the two chaplains constitute a board of visitors, together with the members of the legislature during the session."

During the past year the trustees found it necessary to purchase a small lot of land, and to make some considerable repairs, for which they have been able to pay only in part, and it is hoped that the coming legislature will deal generously with the institution. Dr. Tuck's report is very interesting, and should be carefully read by any who may doubt that good can be done to idiot children. Really brilliant results are no doubt very rare, but an essential improvement is the rule. A large number of children can be raised above the level of beasts, and some be brought almost up to that of man. In this connection let us quote from Dr. Tuck's report: "This leads me to speak of one of our greatest wants; namely, opportunities for the best of our discharged pupils to obtain situations where they can support themselves wholly, or at least earn their board and clothes. There are in the school now several pupils who are kept along, hoping some situations may be found for them, so that they may not have to go back to the almshouses, from which they were originally sent to us. They could not of course go out into the world and earn their livelihood in competition with intelligent laborers; but in homes where they would be treated with humanity, and perhaps with kindness, the boys as farm-laborers, and the girls as domestics. would render good service, and, I doubt not, be fully worth their board and clothes. Some few would perhaps be able to do more than this, but none of them could get on without supervision, and the direction, restraint, and advice which perverse and willful boys and girls require, even when they have an average amount of brains."

Eighty pupils are now enrolled, among which are sixty-nine Massachusetts State beneficiaries (of whom eight pay from twenty-five to one hundred dollars a year, though only one the latter amount); the remaining eleven are private pupils, of whom six are beneficiaries from other States, one from Maine, two from Rhode Island, and three from Vermont.

We have received a circular stating that the superintendents of institutions of this nature throughout the country have formed an association to promote that branch of medical science, in which they are especially interested. To this end they request physicians to send them their views on the causes of idiocy, based on personal observation or trustworthy information. Dr. S. N. Kerlin of Media, Pa., is the secretary. If it be true that in the United States the proportion of idiocy is as high as one in one thousand, there is certainly plenty of material for investigation.

MEDICAL NOTES.

— Dr. William Playfair has received a summons to proceed to Malta, in order to be in attendance on the Duchess of Edinburgh at Malta during her approaching accouchement. — *London Illustrated News*, November 11, 1876.

Papers of November 26, 1876, say that the duchess has been delivered, at Malta, of another daughter.

— A new mask for filtering dust out of the atmosphere is reported in *The Popular Science Monthly* to have been devised by Dr. B. W. Richardson. Having tried various substances in order to find a good filter, he gives the preference to feathers. The advantages of feathers as filters of dust are: they are light, they separate perfectly, admitting air in any quantity while excluding dust, and they absorb less water perhaps than any other porous substance. They have the farther advantage of being cheap, and of being easily made up into filters. In constructing his mask Dr. Richardson connects the light feathers drawn from the leg-plumage of the pheasant along a line of tape. This band he wraps around the perforated breathing-tube of the mask, so that the feathers fall over the perforations. In inspiration the feathers come down over the perforations, filtering the air as it enters, while in expiration they are blown out from the tube as feather valves.

— The *Medical Examiner* of November 2, 1876, describes a successful case of gastrotomy performed by Professor Verneuil of Paris. The operation originated with M. Sédillot of Strasburg in 1849, and has since then been repeated fifteen times, always with a fatal result. In all previous cases it had been performed under very unfavorable circumstances, for the patients were worn out by incurable diseases, as cancer, long-existing stricture of the œsophagus, etc. M. Verneuil's patient, on the contrary, was in a very fair state of general health.

The patient, a mason's apprentice, aged seventeen, accidentally swallowed, on the 4th of February, 1876, a solution of caustic potash. The usual symptoms of acute inflammation of the œsophagus ensued, but were greatly relieved in fifteen days. The difficulty of swallowing, however, continued. He attended as an out-patient at several hospitals, but continued work up to the 31st of March, when deglutition had become so difficult that he was taken in at La Pitié. Here various efforts were made to pass an instrument into the stomach. It was invariably arrested at a certain point, not far from the cardiac extremity. The patient's strength was now rapidly giving way, and death from inanition seemed approaching, when the surgeon of La Pitié requested M. Verneuil to admit the youth into St. Louis, where he was received on May 24th.

The patient now exhibited the usual signs of extreme inanition — great emaciation, face pale and worn, temperature lowered, etc. Catheterism of the œsophagus revealed the existence of impassable stricture seven centimetres (2.73 inches) above the cardiac orifice of the stomach. External œsophagotomy seemed, therefore, inapplicable. Still M. Verneuil was reluctant to employ the extreme resource of gastrotomy. A remark of the patient, that he could swallow a little fluid towards evening, led the surgeon to suspect that some amount of spasm might co-exist, as we find in cases of impermeable stricture of the urethra.

On June 25th, two drachms of chloral were thrown up the rectum, and, as soon as deep sleep ensued, M. Verneuil found that the small bougie passed into the stomach without any great difficuly.

On the following day, and for some time afterwards, the patient was able to swallow some broth, and even a little pap. Although the passage of the bougie excited very severe, though temporary, pain, the boy seemed to recover his strength gradually; but on July 10th the stricture again became impermeable. Even with the assistance of anæsthetics extreme debility ensued, the temperature fell to 35° and 35.6° (95°F. and 96°F.), and it became evident that without some operative interference death must soon follow.

Gastrotomy was therefore performed, under the influence of chloroform, on the 26th of July. Very minute antiseptic precautions were employed. An incision, inclining obliquely downwards and outwards, was made between the cartilages of the ribs on the left side, at an elevation corresponding to the assumed seat of the constriction. One small artery required ligature. The peritoneum was then carefully raised and divided with scissors. The stomach was now easily distinguished by its white color. It was then drawn forward between the lips of the external wound, and there temporarily fixed by two long acupuncture needles. This done, the portion of stomach so drawn forward was united to the edges of the wound at fourteen points by metallic sutures; the long needles were withdrawn, and the wall of the stomach was divided to a limited extent, sufficient, however, for the introduction of a large India-rubber bougie, which was kept fixed by a silver wire to the wall of the stomach. The length of the bougie placed in the stomach was 2.7 to 2.8 inches. The hæmorrhage which ensued on division of the highly-congested stomach was considerable, but was arrested by the usual means. The operation was not followed by any accident whatever, and, as soon as the sutures came away, the patient was able to swallow, as it were, some fluid nourishment.

On the 20th of August he was able to get up, and on September 10th he could remain up the whole day.

The fistula now presented what might be termed a healthy appearance, with its edges bordered by a fringe of smooth and red gastric mucous membrane. The appetite was good, and nutrition evidently reëstablished, for in one month he had gained 2¼ lbs., and on the 24th of October nearly 20 lbs. It is worthy of remark, that movements of mastication are excited whenever nourishment is injected into the stomach.

— Dr. William A. Hammond publishes in *The Ohio Medical and Surgical Journal* for October, 1876, notes relative to nocturnal incontinence of urine and its treatment. He says that he has found the following plan of treatment so efficacious that, though there are others which are at times followed by success, he has for several years past adopted it exclusively: —

(1.) Supposing the patient, as is generally the case, to be a child, the bladder should be emptied on going to bed, and then two or three times afterwards the patient should be taken up and again made to urinate.

(2.) Sleeping on the back should be prevented. The supine position is one which, of all others, increases the amount of blood in the cord, and hence augments its irritability.

(3.) The following prescription should be given for several months, three or four at least; if stopped sooner the affection is liable to return: —

℞ Zinci bromidi . . . . ʒss.
Ergotæ ext. fl. . . . . ℥iv. M.
Ft. sol.

Dose, ten drops three times a day, increased five drops every month. Thus for the first month ten drops are taken three times a day; for the second month, fifteen drops three times a day; for the third, twenty drops, and so on. It is preferably administered after meals, being less apt then to excite nausea or vomiting. Should either of those symptoms prove troublesome, the ensuing two or three doses may be somewhat smaller.

Children of from four to twelve years of age can take the foregoing quantities without disturbance of the general health, and even for adults it is not often necessary to increase them except in the way of augmenting the doses by five drops every two weeks instead of every month.

In cases, however, where the bromide of zinc is not well borne, the bromide of iron may be substituted. It should be given in the form of a syrup, in doses beginning with five grains three times a day, gradually increased to fifteen or twenty.

℞ Ferri bromidi . . . . ℥i.
Syrupi simplicis . . . . ℥vi.

A teaspoonful of the syrup, made according to the above formula, contains about ten grains of the bromide of iron. The dose, therefore, to start with, is half a teaspoonful three times a day, increased gradually, till at the end of three or four months the patient is taking a teaspoonful and a half or two teaspoonfuls of the medicine. With each dose of the bromide of iron the fluid extract of ergot should be given separately, and like it should be gradually increased from ten drops three times a day to a drachm as often. The two medicines cannot be kept mixed together for any length of time without the bromide of iron being decomposed and the ergot also injured.

LETTER FROM PHILADELPHIA.

Messrs. Editors, — The International Medical Congress is still a subject of congratulation. Everybody is delighted with its success, none more so than those who were active in managing its machinery. Philadelphia physicians, including the whilom croakers, will not soon tire of recalling its perfection. The pleasant things which are said of it, and of Philadelphian hospitality, on the other side of the water only add to the general satisfaction. In my letter in your issue of September 21st, I ought to have said that the smoothness and system of the morning meetings depended in no small degree upon the very efficient readiness and intelligence of the general secretary, Dr. I. M. Hayes.

Mention of the congress reminds me of Dr. Dalton's response to a toast at the subscription dinner given during its progress. In the course of the response Dr. Dalton referred to Dr. Woodward's earnest request that physicians would send to the National Library at Washington any book or books of whatever sort, which have a bearing on medicine. Dr. Dalton said he thoroughly sympathized with Dr. Woodward in his desire to increase the value and swell the size of the library, and since Dr. Woodward expressed his willingness to accept anything in the shape of medical literature, he had at once secured a medical treasure which he proposed to send to the library; indeed, he had brought it with him. He hoped it would be rightly valued, carefully treasured, and kept ever at the service of those seeking information; whereupon he drew forth a little blue-covered pamphlet, saying that all present would agree with him as to its pricelessness when he informed them that it set forth the virtues of the *Ague-pad.* He then delivered the precious work to Dr. Woodward, who received it with great *empressement*, clasping it to his heart, fervently promised to prize it to hoard it carefully, and expressed his heartfelt gratitude not only for the gift, but for the promptitude with which Dr. Dalton had responded to his appeal for books.

The winter sessions of the Philadelphia medical schools opened with unusually large classes, the University having over three hundred, and Jefferson College more than five hundred students, some of them, of course, being physicians. Nobody attempts to explain this greatly increased attendance except perhaps by the extreme dullness in business of every nature. I believe it is the general experience of medical schools that when "hard times" come there is a rush of young men into medicine; as if they said, "There is nothing else to do, let 's be doctors." You may have heard the story of Sir Walter Scott's colloquy with a grave, sagacious-looking doctor, attired in black, for whom, in a small English town, Scott had sent on behalf of his sick servant. In the doctor Scott, to his amazement, recognized a Scottish blacksmith who had formerly practiced as a veterinary operator. "How in the world," exclaimed Sir Walter, "came you here? Can it be possible this is John Lundie?" "In truth it is, your honor, just a' that 's for him." "Well, let us hear. You were a horse-doctor before; now it seems you are a man-doctor. How do you get on?" "Ou! just extraordinar' well; for your honor maun ken that my practice is vera sure and orthodox. I depend entirely on twa simples." "And what may their names be? Perhaps it is a secret." "I 'll tell your honor" (in a low tone), "my two simples are just laudamy and calamy." "Simples with a vengeance!" replied Sir Walter. "But, John, do you never happen to kill any of your patients?" "Kill? Ou, ay. May be sae. Whiles they dee, and whiles no; but it 's will o' Providence. Onyhoo, your honor, it will be lang before it makes up for Flodden!"

The Jefferson College clinical hospital will soon be completed. It is a beautiful building, and will be most complete in arrangement. I shall have more to say about it before long.

On dit, the clinical professors in the University medical school are insisting upon remuneration, and also a share in the final examination of the students.

The centennial hospital physicians have treated between six and seven thousand patients since the 10th of May. The term of service of the staff, which formally terminated on the 10th of November, has been extended one week, because the grounds and buildings will remain open and the admission fee will be received until the 18th. More than four hundred regular physicians from all parts of the world visited and recorded their names at the hospital during the Exhibition.

It is now somewhat late to deny the fabricated reports of certain New York papers concerning the hygienic condition of Philadelphia. Many cases of illness said to be due to the effect of Schuylkill water and of the ill-drained grounds, and hotels about them, were chiefly caused by the irregular habits and unwise over-exertion of visitors, to which may be added their foolish habit of nibbling at every turn, and their intemperate use of iced water, lemonade, soda-water, and cider. The health of Philadelphia was never better, but in common with cities in all portions of the country our city has to a slight degree felt the effects of a mild epidemic of malarial and typho-malarial ailments, which were of exceedingly brief duration, and had no apparent effect upon the death-rate of Philadelphia. The total number of visitors has been in nowise influenced by the malicious and false sensational articles, notably of the *New York Herald*. The Exhibition has proved a grand success. The board of finance are out of debt and have a splendid surplus of funds. The stockholders may hope for a dividend of at least eighty per cent.

In a collection of old books recently sold at auction here, I found a lecture by Dr. John Leake, of London, in an excellent state of preservation. It was a lecture introductory to a course on obstetrics, and was delivered on the 4th of October, 1773. The brochure includes a copper-plate engraving of obstetric forceps invented by Leake. These forceps have three blades, the third blade acting as does the vectis of to-day. Leake united it with the forceps with the view of changing its fulcrum from the pubes to the lock point of the forceps, and thus sparing the pubes the danger of injury. Leake gives an interesting history of the vectis, or lever, as he terms it. I presented the work to Dr. William Goodell, who, although as profoundly read in the literature of obstetrics as any man in his specialty, told me he had never before heard of the three-bladed forceps of Leake.

I trust you have not been annoyed in Boston by an individual who called himself Dr. Atkinson. He made his appearance in Philadelphia during the week of the congress, pretended to be a delegate from Holland, and claimed to be accoucheur to the queen. He introduced himself to Director-General Goshorn as vice-president of the centennial medical bureau (there being no such office), and threatened to make a disturbance in the medical congress concerning the drainage of the Exhibition grounds. Mr. Goshorn questioned various foreign consuls and commissioners about the *soi-disant* Atkinson. No one knew him. The man obtained money on various false pretenses, forged, and was finally arrested as a deceiver.

There has been in Philadelphia, within the past three weeks, another example of gangrene as a rare and curious complication of saccharine diabetes. The primary ailment was chronic, and the gangrene became developed only a few days before the fatal termination. Charcot several years ago described this secondary effect of diabetes mellitus, and there have been four or five examples of it in Philadelphia. Hence the gangrene can hardly be considered a coincidence.

PHILADELPHIA, *November* 14, 1876.

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COMPARATIVE MORTALITY-RATES FOR THE WEEK ENDING NOVEMBER 25, 1876.

	Estimated Population, July 1, 1876.	Total Mortality for the Week.	Annual Death-Rate per 1000 for the Week.	Death-Rate for the Year 1875.
New York	1,061,244	413	20.24	29.35
Philadelphia	825,594	286	18.01	22.24
Brooklyn .	506,233	172	17.67	24.92
Chicago . .	420,000	168	20.80	19.75
Boston . .	352.758	116	17.11	26.20
Providence	101,500	25	12.81	19.02
Worcester .	51,087	12	12.21	20.91
Lowell . .	51,639	19	19.11	20.55
Cambridge	49,670	28	29.31	23.31
Fall River	50,372	11	11.35	23.99
Lawrence .	36,240	9	12.91	25.96
Lynn . .	33,548	5	7.75	19.23
Springfield	32,000	9	14.62	20.93
Salem . .	26,344	19	37.50	22.92

Normal Death-Rate, 17 per 1000.

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BOOKS AND PAMPHLETS RECEIVED. — Nutrition in Health and Disease. By James Henry Bennet, M. D. Second Edition. Philadelphia: Lindsay and Blakiston. 1876. (For sale by A. Williams & Co.)

Clinical Studies. By Sir John Rose Cormack, K. B., F. R. S. E., M. D., etc. In two Volumes. Philadelphia: Lindsay and Blakiston. 1876. (For sale by A. Williams & Co.)

A Treatise on Hernia. By Greensville Dowell, M. D. Philadelphia: D. G. Brinton. 1876.

Lectures on the Physical Diagnosis of Diseases of the Heart. By Arthur G. Sansom, M. D. London: J. and A. Churchill. 1876. (For sale by A. Williams & Co.)

The History of Spontaneous Generation. By Edward S. Dunster, M. D. 1876.

Medical Libraries of Boston. By J. R. Chadwick, M. D. (Reprinted from The Boston Medical and Surgical Journal.)

Contributions to Reparative Surgery. By Gurdon Buck, M. D. New York: D. Appleton & Co. 1876. (For sale by A. Williams & Co.)

On Coughs, Consumption, and Diet in Disease. By Horace Dobell, M. D., etc. Philadelphia: D. G. Brinton. 1877.